

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90230 024 ***150.00

DOCUMENT # **997000028105**

1. Entity Name

Malaga Properties Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

782 NW 42 Ave #441

3. Mailing Address

782 NW 42 Ave

Suite, Apt. #, etc.

#441

Suite, Apt. #, etc.

#441

City & State

FL

City & State

Miami FL

4. FEI Number

65-0739199

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Emiliano Antunez*

Street Address (P.O. Box Number is Not Acceptable)

782 NW 42 Ave #441

City *Miami*

FL

Zip Code

33126

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/01/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

*Emiliano Antunez
782 NW 42 Ave #4
Miami FL 33126*

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emiliano Antunez

Date

07/01/02

Daytime Phone #

305/962-5626

CR2E034B (12/01)